

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

STEVEN McDERMOTT,
STACEY MCDERMOTT
Plaintiffs,

vs.

FED EX GROUND SYSTEMS, INC.,
Defendant

and

T.S. PRUITT,
Defendant.

Civil Action No.: 04-CV-12253

**DEFENDANT, T.S. PRUITT'S, FIRST SET OF INTERROGATORIES
TO BE ANSWERED BY THE PLAINTIFF, STEVEN MCDERMOTT**

The Defendant, T.S. Pruitt ("Defendant"), pursuant to Fed. R. Civ. P. 33 and Local Rules 26.5(C) and 33.1, hereby propounds the following interrogatories upon the Plaintiff, Steven McDermott, to be answered under oath and within thirty days:

DEFINITIONS

1. "You" and "Your" shall mean Steven McDermott, and shall include information in the possession, custody or control of his attorneys, agents and representatives.
2. "Incident" shall mean the February 7, 2003 incident to which reference is made in the Amended Complaint.
3. "Defendant" shall refer to T.S. Pruitt.
4. "FedEx" shall refer to Fedex Ground Package System, Inc., and its employees, agents, servants, officers, principals, and directors.

INTERROGATORIES

INTERROGATORY NO. 1

State the basis for your claim that Defendant was negligent.

INTERROGATORY NO. 2

Describe in detail how each and every allegedly negligent act or omission referred to in response to Interrogatory No. 1 contributed to cause you injury.

INTERROGATORY NO.3

Please provide a list of all regulations, standards, recommended practices, statutes, codes and/or other rules, which you contend were violated by T.S. Pruitt and FedEx in connection with this incident.

INTERROGATORY NO. 4

State whether you or any witness(es) named in answers to interrogatories were ever convicted of a crime. If so, state:

- a. the type of crime;
- b. the state or country where convicted; and
- c. the date of each such conviction.

INTERROGATORY NO. 5

Identify every employer you had for the last ten years and state the dates during which you were employed including your employer at the time of the incident, their addresses, your rate of pay, your job duties and your reasons for leaving each job. If you are claiming self-employment, describe the dates during which you were self-employed, your rate of pay, and your job duties.

INTERROGATORY NO. 6

Identify each and every document and/or statement, whether written or oral, which you allege is attributable to T.S. Pruitt or persons acting on his behalf with regard to this litigation or its subject matter, and state verbatim, or in as much detail as you can recall, the substance of any and all statements made by T.S. Pruitt regarding the incident.

INTERROGATORY NO. 7

State whether at the time of the accident or subsequent thereto, any admissions and/or statements were made by any party to this action. If so, state:

- a. by whom and to whom each admission or statement was made;
- b. if written, attach a true copy of each statement; and
- c. if oral, the substance of each statement or admission, and if the statement was recorded, state the manner of recording and the person who has custody of the statement. Attach a copy of the transcript of the recording.

INTERROGATORY NO. 8

Set forth your driver's license number at the time of the accident, including in your answer the State in which your license was issued. Should you have more than one driver's license issued by any other State, please include each individual driver's license number and the State of issue.

INTERROGATORY NO. 9

State whether your license has every been revoked or suspended by any state, governmental or regulatory authority. If so, please state:

- a. the name of the state, regulatory or governmental authority;
- b. the period of suspension;
- c. the date of suspension; and
- d. the reason for such suspension.

INTERROGATORY NO. 10

State whether you have ever been suspended from driving by any employer. If so, please state:

- a. the name of the employer;
- b. the period of suspension;
- c. the date of suspension; and
- d. the reason for such suspension.

INTERROGATORY NO. 11

Please state with reference to the trip during which the incident occurred:

- a. the place from which you were traveling;
- b. your destination;
- c. the time you left to go to your destination; and
- d. the time at which you were required to be at the destination.

INTERROGATORY NO. 12

Please provide the information required under Federal Rule of Civil Procedure 26 for each expert (including medical care providers) you intend to call as witnesses at trial.

INTERROGATORY NO. 13

Set forth the names and addresses of all persons having knowledge of relevant facts concerning the accident.



INTERROGATORY NO. 14

If you saw any other vehicles involved in accidents within the immediate area of the accident you were involved in on Interstate 84 eastbound at mile marker 43, Pennsylvania, please describe with specificity the following:

- a. a description of each vehicle involved in any accident you saw prior to your accident;
- b. the location of each vehicle involved in any accident relative to the location of your accident;
- c. the distance of each accident location from the accident you were involved in;

INTERROGATORY NO. 15

Set forth the names and addresses of all persons known by you to have witnessed the accident, and set forth the location of each such witness.

INTERROGATORY NO. 16

State whether there was any debris left on the ground as a result of the accident. If so, describe the debris, including:

- a. the distances from curb lines, center lines and other landmarks;
- b. the position of said debris on the ground; and
- c. the nature and consistency of the debris.

INTERROGATORY NO. 17

For the twenty four-hour period immediately preceding the accident, state each and every place where you had been and what you had been doing.

INTERROGATORY NO. 18

State whether you take any medication for any medical condition you have and whether or not you took any drugs or medication within 12 hours prior to the incident. If so, state:

- a. the size and number of doses you took;
- b. the time you took each dose;
- c. a description of the condition for which the medication or drug was taken; and
- d. a description of any effect you experienced from taking the medicine or drug
- e. the name and address of the treating physician who prescribed the medications you take;
- f. the number of years you have taken the medications.